

Fill in this information to identify your case:

United States Bankruptcy Court for the:
NORTHERN DISTRICT OF ILLINOIS

Case number (if known): _____ Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if

a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture

Mark

First Name

E.

Middle Name

Kleinkopf

Last Name

Suffix (Sr., Jr., II, III)

First Name

Middle Name

Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Mark

First Name

K.

Middle Name

Kleinkopf

Last Name

First Name

Middle Name

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 7 7 0 3

OR

9xx - xx - _____

xxx - xx - _____

OR

9xx - xx - _____

Mark E. Kleinkopf

Case number (if known)

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as

About Debtor 1:

☒ I have not used any business names or EINs.

Business name

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

☐ I have not used any business names or EINs.

Business name

Business name

Business name

EIN

EIN

5. Where you live

7S174 Wild Cherry Rd.

Number Street

Naperville

City

IL

State

60540

ZIP Code

DuPage

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

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8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived.** You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
- ☐ Yes.
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes.
- Debtor _____ Relationship to you _____
- District _____ When _____ Case number, _____
MM / DD / YYYY if known
- Debtor _____ Relationship to you _____
- District _____ When _____ Case number, _____
MM / DD / YYYY if known

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A)

Mark E. Kleinkopf

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Part 3: Report About Any Businesses You Own as a Sole Proprietor

- 12. Are you a sole proprietor of any full- or part-time business?**

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

- 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs**

- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs

Where is the property?

Number Street

City

State

ZIP Code

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Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose

About Debtor 1:

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency,

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency,

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☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the

Mark E. Kleinkopf

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Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.**
-
- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 19. How much do you estimate your assets to be worth?**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 20. How much do you estimate your liabilities to be?**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Mark E. Kleinkopf

Case number (if known)

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this

X /s/ Mark E. Kleinkopf

Mark E. Kleinkopf, Debtor 1

Executed on **01/09/2017**

MM / DD / YYYY

X

Signature of Debtor 2

Executed on

MM / DD / YYYY

Mark E. Kleinkopf

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to

X /s/ Mark R. Schottler

Signature of Attorney for Debtor

Date **01/09/2017**

MM / DD / YYYY

Mark R. Schottler

Printed name

Schottler & Associates

Firm Name

7222 W. Cermak

Number Street

Suite 701

North Riverside

City

IL

State

60546

ZIP Code

Contact phone **(708) 442-5599**

Email address

6238871

Bar number

State

Fill in this information to identify your case and this filing:

Debtor 1 **Mark E. Kleinkopf**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... →

\$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? **Yes**
 you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1.
 Make: **Suburu**
 Model: **Outback**
 Year: **2005**
 Approximate mileage: **144,000**
 Other information:
 2005 Suburu Outback (approx. 144000)

Who has an interest in the property?
 Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$5,000.00	\$5,000.00

☐ Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... →

\$5,000.00

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Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe Ordinary furniture, appliances, etc.

\$950.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe TV, Computer, Etc.

\$700.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe Ordinary Clothing

\$400.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe Costume Jewelry, Watch

\$150.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

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Case number (if known)

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here..... →

\$2,200.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☒ No
☐ Yes.....

Cash:

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes.....

Institution name:

17.1. Checking account: PNC Virtual Wallet Spend Statement
Ending #7737

\$482.64

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☒ No
☐ Yes. Give specific information about them..... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No
☐ Yes. List each account separately. Type of account: Institution name:

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22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No

☒ Yes..... Institution name or individual:

Security deposit on rental unit: \$4,600.00

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: _____

State: _____

Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

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30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value..... Company name: Beneficiary: Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No
☐ Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☐ No
☒ Yes. Describe each claim Personal Injury Claim v. Naperville Central High School (Slip & \$15,000.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☐ No
☒ Yes. Describe each claim State Farm Renters Insurance policy claim to replace Oct. 2014 \$350.00

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$20,432.64

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe

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40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe _____

41. Inventory

- ☒ No
☐ Yes. Describe _____

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe Name of entity: _____ % of ownership: _____

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe _____

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes.. _____

48. Crops--either growing or harvested

- ☒ No
☐ Yes. Give specific
information..... _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes.. _____

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes.. _____

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51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → \$0.00

56. Part 2: Total vehicles, line 5 \$5,000.00

57. Part 3: Total personal and household items, line 15 \$2,200.00

58. Part 4: Total financial assets, line 36 \$20,432.64

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61..... \$27,632.64 Copy personal property total → + \$27,632.64

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$27,632.64

Fill in this information to identify your case:

Debtor 1 **Mark E. Kleinkopf**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) **Mark E. Kleinkopf**
First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If space is needed, fill out and attach to this page as many copies of this Schedule C as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so

is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--------------------------------------	-----------------------------------	------------------------------------

Copy the value from Schedule A/B ☐ Check only one box for

Brief description:
 2005 Suburu Outback (approx. 144000 miles)
 Line from Schedule A/B: 3.1

<u>\$5,000.00</u>	<input checked="" type="checkbox"/>	<u>\$0.00</u>
	<input type="checkbox"/>	100% of fair market value, up to any

Brief description:
 Ordinary Clothing
 Line from Schedule A/B: 11

<u>\$400.00</u>	<input checked="" type="checkbox"/>	<u>\$400.00</u>
	<input type="checkbox"/>	100% of fair market value, up to any

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Mark E. Kleinkopf

Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property **Current value of the portion you own** **Amount of the exemption you claim** **Specific laws that allow exemption**

Copy the value from Schedule A/B *Check only one box for*

Brief description:
Costume Jewelry, Watch

Line from Schedule A/B: 12

\$150.00

☒
 ☐

\$150.00

100% of fair
market
value, up to any

735 ILCS 5/12-1001(b)

Brief description:
PNC Virtual Wallet Spend Statement
Ending #7737

Line from Schedule A/B: 17.1

\$482.64

☒
 ☐

\$482.64

100% of fair
market
value, up to any

735 ILCS 5/12-1001(b)

Brief description:
Security deposit on rental unit

Line from Schedule A/B: 22

\$4,600.00

☒
 ☐

\$3,367.36

100% of fair
market
value, up to any

735 ILCS 5/12-1001(b)

Brief description:
Personal Injury Claim v. Naperville Central

Line from Schedule A/B: 33

\$15,000.00

☒
 ☐

\$15,000.00

100% of fair
market
value, up to any

735 ILCS 5/12-1001(h)(4)

Fill in this information to identify your case:

Debtor 1 **Mark E. Kleinkopf**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
\$5,301.50	\$5,000.00	\$301.50

2.1

Citizens Finance
Creditor's name
7941 W. 171st
Number Street

Describe the property that secures the claim:
2005 Suburu Outback AWD
4DR 6 Cyl.

Tinley Park IL 60477
City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Date debt was incurred **6/14/16** Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$5,301.50

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$5,301.50

Fill in this information to identify your case:

Debtor 1 **Mark E. Kleinkopf**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed on *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$2,457.23	\$2,457.23	\$0.00

Illinois Department of Revenue

Priority Creditor's Name

Last 4 digits of account number _____

Number Street

When was the debt incurred? **2015**

Springfield **IL** **62726-0001**
City State ZIP Code

As of the date you file, the claim is _____ Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Mark E. Kleinkopf

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
\$18,373.00	\$18,373.00	\$0.00

2.2

Internal Revenue Service

Priority Creditor's Name

PO Box 21126

Number Street

Last 4 digits of account number

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Philadelphia

PA

19114

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Is the claim subject to offset?

- ☒ No
☐ Yes

Mark E. Kleinkopf

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim,

Total claim

\$3,382.93

4.1

A/R Concepts, Inc.

Nonpriority Creditor's Name

18-3 E. Dundee Rd., Ste. 330

Number Street

Barrington

IL

60010

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 2 6 4

When was the debt incurred? 6/11/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills/collecting for Valley Ambulatory Sur

4.2

A/R Concepts, Inc.

Nonpriority Creditor's Name

18-3 E. Dundee Rd., Ste. 330

Number Street

Barrington

IL

60010

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 5 1 9

When was the debt incurred? 6/2/15

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills/collecting for V.A.S.C. Anesthesia,

\$84.91

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$348.31

Accelerated Rehabilitation Centers

Nonpriority Creditor's Name

625 Enterprise Dr.

Number Street

Oak Brook

IL

60523

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 4 4 5

When was the debt incurred? 7/17/15

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bills

4.4

\$384.00

ATG Credit, LLC

Nonpriority Creditor's Name

POB 14895

Number Street

Chicago

IL

60614

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 7 4 5

When was the debt incurred?

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills - collecting for Naperville Radiolog

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.5

\$125.00

B.W. Landscaping & Snow Removal

Nonpriority Creditor's Name

POB 350120

Number Street

Elmwood Park

IL

60707

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? 10/31/10

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Weekly lawn care

4.6

\$133,426.26

Bank of New York Mellon

Nonpriority Creditor's Name

fka Bank of New York

Number Street

c/o Wirbicki Law Group

333 W. Monroe, Ste. 1140

Chicago

IL

60603

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? 04/12/16

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Deficiency Judgment

1st mortgage on foreclosed home @ 624 Franklin Ave., River Forest, IL 60305

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$25,667.70

4.7

Bryan Cave

Nonpriority Creditor's Name

161 N. Clark, Ste. 3400

Number Street

Chicago

IL

60601

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 7 9 7 6

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Legal Fees

4.8

\$776.53

Capital One Bank USA, N.A.

Nonpriority Creditor's Name

POB 6492

Number Street

Carol Stream

IL

60197-6492

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 0 7

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

\$272.48

Central DuPage Hospital

Nonpriority Creditor's Name

POB 4090

Number Street

Carol Stream

IL

60197

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _ _ _ _

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

4.10

\$45.58

Central DuPage Hospital

Nonpriority Creditor's Name

POB 4090

Number Street

Carol Stream

IL

60197

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _ _ _ _

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.11

\$140.06

Central Dupage Hosptial

Nonpriority Creditor's Name

POB 4090

Number Street

Carol Stream

IL

60197-4090

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 6 8

When was the debt incurred? 2/22/15

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

4.12

\$150.00

Central Dupage Hosptial

Nonpriority Creditor's Name

POB 4090

Number Street

Carol Stream

IL

60197-4090

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 8 1 3

When was the debt incurred? 1/20/14

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.13

\$355,903.16

Chase

Nonpriority Creditor's Name

POB 183222

Number Street

Columbus

OH

43219

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

2nd mortgage on foreclosed home @ 624 Franklin Ave., River Forest, IL 60305

Last 4 digits of account number 6 5 0 6

When was the debt incurred? 04/12/16

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Deficiency for mortgage on foreclosed home.

4.14

\$571.36

City of Naperville

Nonpriority Creditor's Name

POB 457

Number Street

Wheeling

IL

60090-0457

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 7 8 7

When was the debt incurred? 5/26/15

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$1,079.28

Comcast Cable

Nonpriority Creditor's Name

POB 3002

Number Street

Southeastern

PA

19398-3002

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 9 8 4

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Cable bill

4.16

\$118.76

Diversified Consultants, Inc.

Nonpriority Creditor's Name

POB 551268

Number Street

Jacksonville

FL

32255

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 3 7 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - Sprint

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,383.40

4.17

Drs. Burbick & Welindt, DDS., LTD

Nonpriority Creditor's Name

1515 N. Harlem Ave. #200

Number Street

R.Tage Welindt, D.D.S.

Oak Park

IL

60302-1250

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 7 9 6

When was the debt incurred? 9/26/14

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Dental bills

4.18

\$25,037.81

ED Financial Services

Nonpriority Creditor's Name

POB 36008

Number Street

Knoxville

TN

37930

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 6 4 8

When was the debt incurred?

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.19

\$536.58

Edward Hospital

Nonpriority Creditor's Name

POB 4207

Number Street

Carol Stream

IL

60197-4207

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 7 5 2

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Notice Only

4.20

\$23,250.00

Harry D. Saunders

Nonpriority Creditor's Name

831 W. Wesley Rd.

Number Street

Atlanta

GA

30327

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? 5/3/2010

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Promissary Note (Debtor's uncle)

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21

\$18.00

IL Pathologist Service LLC

Nonpriority Creditor's Name

POB 9846

Number Street

Peoria

IL

61612

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _/~/

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

4.22

\$695.00

Kenny & Kenny P.C.

Nonpriority Creditor's Name

1400 W. 47th St., Ste. 4

Number Street

La Grange

IL

60525

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 2 5

When was the debt incurred? 7/15/14

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
IT Services

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.23

\$89.30

Laboratory & Pathology Diagnostics, LLC

Nonpriority Creditor's Name

Dept. 4387

Number Street

Carol Stream

IL

60122-4387

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 6 5 5 1

When was the debt incurred? 6/1/15

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

4.24

\$4.89

Laboratory Corp of America Holdings

Nonpriority Creditor's Name

POB 2240

Number Street

Burlington

NC

27216

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.25

\$3,840.00

Life Time Academy

Nonpriority Creditor's Name

2145 Ford Parkway, Ste. 302

Number Street

Saint Paul

MN

55116

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 9 4 2

When was the debt incurred? 3/18/16

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Tuition

4.26

\$1,130.00

Marani Land Services, Inc.

Nonpriority Creditor's Name

POB 1040

Number Street

Oak Park

IL

60304

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? Misc 2010

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Snow removal

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.27

\$28.83

Medical Recovery Specialists, LLC

Nonpriority Creditor's Name

2250 E. Devon Ave., Ste. 352

Number Street

Des Plaines

IL

60018-4521

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 8 0 9

When was the debt incurred? 5/26/15

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills - Collecting for Edward Hospital

4.28

\$3,382.93

Medical Recovery Specialists, LLC

Nonpriority Creditor's Name

2250 E. Devon Ave., Ste. 352

Number Street

Des Plaines

IL

60018-4521

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 2 2 6

When was the debt incurred?

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.29

\$45,000.00

Mercy Housing, Inc.

Nonpriority Creditor's Name

1999 Broadway, Suite 1000

Number Street

Denver

CO

80202

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? 10/03/13

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Promissory Note

4.30

\$47.04

Naperville Radiologists S.C.

Nonpriority Creditor's Name

6910 S. Madison St.

Number Street

Willowbrook

IL

60527-5504

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.31

\$77.09

Nationwide Credit Collection, Inc.

Nonpriority Creditor's Name

815 Commerce Dr., Ste. 270

Number Street

Oak Brook

IL

60522

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 9 0 6

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills - collecting for Loyola Univ Health

4.32

\$300.00

Nationwide Credit Collection, Inc.

Nonpriority Creditor's Name

815 Commerce Dr., Ste. 270

Number Street

Oak Brook

IL

60522

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 5 0 7

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills/collecting for Rush Oak Park Hosp.

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.33

\$453.00

North Side Community FCU

Nonpriority Creditor's Name

1011 W. Lawrence Ave.

Number Street

Chicago

IL

60640

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

North Side Community Federal Credit Union error: Credit Union mailed check to debtor in his name & debtor cashed it.

Last 4 digits of account number **8 0 0 0**

When was the debt incurred? **4/2012**

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Union error

4.34

\$20.00

PCC Community Wellness

Nonpriority Creditor's Name

2010 N. Harlem Ave.

Number Street

Elmwood Park

IL

60707

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.35

\$250.00

Permidt Engineering Limited

Nonpriority Creditor's Name

10224 Franklin Ave.

Number Street

Franklin Park

IL

60131

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? 1/13/10

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Sewer labor

4.36

\$842.00

PFF Emergency Services

Nonpriority Creditor's Name

POB 366

Number Street

Hinsdale

IL

60522-0366

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 8 8

When was the debt incurred? 2014

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.37

\$25,685.20

Provenance Portfolio Mngmt LLC

Nonpriority Creditor's Name

1107 Homer Ct.

Number Street

Naperville

IL

60540

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Unknown

4.38

\$8.44

Radiology Consultants

Nonpriority Creditor's Name

1730 Park St., Ste. 101

Number Street

Naperville

IL

60563

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.39

\$1,862.50

Reeg Plumbing

Nonpriority Creditor's Name

42 Park Avenue

Number Street

River Forest

IL

60305

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? 10/12/09

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Plumbing materials & labor

4.40

\$10.00

Resurrection Health Care

Nonpriority Creditor's Name

62314 Collection Center Dr.

Number Street

Chicago

IL

60693

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.41

\$374.93

Richard Kaplone, JD

Nonpriority Creditor's Name

Rockefeller Bldg.

Number Street

614 Superior Ave. NW, Ste. 808

Cleveland

OH

44113

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - Accelerated Rehab

4.42

\$976.89

Rockford Mercantile Agency, Inc.

Nonpriority Creditor's Name

POB 5847

Number Street

Rockford

IL

61125-0847

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 5 8 7

When was the debt incurred? 5/21/15

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills/collecting for Osf St Anthony Med Ct

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.43

\$1,281.02

Rosecrance, Inc.

Nonpriority Creditor's Name

POB 71662

Number Street

Chicago

IL

60694-1662

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 5 2

When was the debt incurred?

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

4.44

\$252.05

Rush Oak Park Hospital

Nonpriority Creditor's Name

26099 Network Place

Number Street

Chicago

IL

60673

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred?

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,178.00

4.45

Rush Oak Park Hospital

Nonpriority Creditor's Name

26099 Network Place

Number Street

Chicago

IL

60673

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

4.46

\$150.00

Rush Oak Park Hospital

Nonpriority Creditor's Name

26099 Network Place

Number Street

Chicago

IL

60673

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.47

\$25,000.00

Schiller DuCanto & Fleck LLP

Nonpriority Creditor's Name

200 N. LaSalle St., 30th Floor

Number Street

Chicago

IL

60601

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Atty fees for son Mark's divorce.

4.48

\$140.06

State Collection Service, Inc.

Nonpriority Creditor's Name

2509 S. Stoughton Rd.

Number Street

Madison

WI

53716

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? 10/08/13

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Attorney Fees

Last 4 digits of account number 1 2 6 8

When was the debt incurred? 2/22/15

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical bills/collecting for Northwestern Medicine

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.49

\$150.00

State Collection Service, Inc.

Nonpriority Creditor's Name

2509 S. Stoughton Rd.

Number Street

Madison

WI

53716

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 8 1 3

When was the debt incurred? 11/20/14

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills/Collecting for Northwestern Medicine

4.50

\$285.00

Stenzel Clinical Services LTD

Nonpriority Creditor's Name

1616 E. Roosevelt Rd., Ste. 8

Number Street

Wheaton

IL

60187

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? 2015 & 2016

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.51

\$585.00

Synergetic Communication, Inc.

Nonpriority Creditor's Name

2700 East Seltice Way, Ste. 4

Number Street

Post Falls

ID

83854-6387

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 H O N

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for American Honda Fin. Corp.

4.52

\$133,426.26

The Bank of New York Mellon

Nonpriority Creditor's Name

c/o Nationstar Mortgage LLC

Number Street

2501 State Hwy. 121

Lewisville

TX

75067

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
1st Mtg - 624 Franklin Avenue, River Forest, IL

Foreclosed: 624 Franklin Avenue, River Forest, IL 60305

Case No: 12 CH 16477

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.53

\$75,000.00

Tim Hague

Nonpriority Creditor's Name

555 Keystone Ave.

Number Street

River Forest

IL

60305

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? 2007

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Loan

4.54

\$0.00

Tom Benno, JD

Nonpriority Creditor's Name

The Law Office of Tom Benno, JD

Number Street

120 S. Harvey

Oak Park

IL

60304

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _____

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Attorney Fees

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.55

\$578.19

Transworld Systems, Inc.

Nonpriority Creditor's Name

507 Prudential Road

Number Street

Horsham

PA

19044

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 8 7 6 0

When was the debt incurred? 12/22/14

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for Elmhurst Dermatology

4.56

\$64.07

United Collection Bureau, Inc.

Nonpriority Creditor's Name

5620 Southwyck Blvd. Ste. 206

Number Street

Toledo

OH

43614

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 8 3 6 7

When was the debt incurred? 5/26/15

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills - collecting for Edward Hospital

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.57

\$14.65

University Pathologists

Nonpriority Creditor's Name

5620 Southwyck Blvd.

Number Street

Toledo

OH

43614

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _ _ _ _

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

4.58

\$1,624.30

Van Dyke Pasinski DDS

Nonpriority Creditor's Name

127 Aurora Ave.

Number Street

Naperville

IL

60540-6503

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 7 4 0 0

When was the debt incurred? 9/2015

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.59

\$750.00

Village of Melrose Park

Nonpriority Creditor's Name

1000 N. 25th Ave.

Number Street

Melrose Park

IL

60160

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Parking Tickets

4.60

\$100.00

Village of Oak Park

Nonpriority Creditor's Name

Parking Services Division

Number Street

123 Madison St.,

Oak Park

IL

60302

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Parking Tickets

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.61

\$828.00

Village of River Forest Fire Dept.

Nonpriority Creditor's Name

Ambulance

Number Street

POB 88850

Carol Stream

IL

60188

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical bills

4.62

\$1,560.44

Wilber & Associates, P.C.

Nonpriority Creditor's Name

201 Landmark Dr.

Number Street

Normal

IL

61761-2194

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Bicycle accident (debtor's minor son hit car).

Last 4 digits of account number 8 5 6 6

When was the debt incurred? 11/19/11

As of the date you file, the claim is Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - USAA Insurance

Mark E. Kleinkopf

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.63

\$6.24

Winfield Lab Consultants, SC

Nonpriority Creditor's Name

Dept. 4408

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐
☐
☐

Contingent
Unliquidated
Disputed

Carol Stream

IL

60122

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐
☐

Student loans
Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

☐
☒

Other. Specify
Medical bills

Is the claim subject to offset?

- ☒ No
☐ Yes

Mark E. Kleinkopf

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2.

For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified

Accelerated Rehabilitation Centers

Name

2396 Momentum Place

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 4 4 5

Chicago

City

IL

State

60689-5323

ZIP Code

American Credit Systems, Inc.

Name

400 West Lake Street

Number Street

Suite 111

POB 72849

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Dental bills /collecting ☐ Part 2: Creditors with Nonpriority Unsecured Claims
for River Walk Family

Last 4 digits of account number 7 3 3 0

Roselle

City

IL

State

60172-0849

ZIP Code

American Express/Costco Credit Card

Name

02-04-404315 S. 2700

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Credit Card ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Salt Lake City

City

UT

State

84184

ZIP Code

Bank of America Credit Card

Name

POB 982234

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

El Paso

City

TX

State

79998

ZIP Code

Chase

Name

POB 183222

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 5 0 6

Columbus

City

OH

State

43219

ZIP Code

Mark E. Kleinkopf

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Chase/United Mileage Credit Card

Name

POB 15298

Number Street

Wilmington

City

DE

State

19850

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Credit Card ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Citibank/AA Mileage Credit Card

Name

POB 6500

Number Street

Sioux Falls

City

SD

State

57117

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Credit Card ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

David R. Jordan, JD

Name

The Law Office of David R. Jordan, JD

Number Street

174 N. Taylor

Oak Park

City

IL

State

60302

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Karen's Attorney Fees ☐ Part 2: Creditors with Nonpriority Unsecured Claims
(incurred 2009-2012)

Last 4 digits of account number _____

Edward Hospital & Health Services

Name

801 South Washington

Number Street

Naperville

City

IL

State

60540

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 3 6 7

Genesis Orthopedics & Sports Medicine

Name

2900 Foxfield Road

Number Street

Suite 102

Saint Charles

City

IL

State

60174-5799

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 2 7 7

Loyola University Medical Center

Name

POB 3021

Number Street

Milwaukee

City

WI

State

53201-3021

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 6 8 5

Mark E. Kleinkopf

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Merchants Credit Guide Co.

Name

Dept. #7505

Number Street

POB 1259

Oaks

City

PA

State

19456

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims
Medical bills-Collecting for Genesis Orthopedics

Last 4 digits of account number _____

Nationstar Mortgage, LLC

Name

2501 State Hwy. 121

Number Street

Lewisville

City

TX

State

75067

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Nationwide Credit & Collection

Name

c/o Evergreen Bank Group

Number Street

POB 3219

Oak Brook

City

IL

State

60522-3219

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 5 0 7

Nationwide Credit & Collection

Name

c/o Evergreen Bank Group

Number Street

POB 3219

Oak Brook

City

IL

State

60522-3219

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 5 0 7

ONCOAS09

Name

POB 1022

Number Street

Wixom

City

MI

State

48393-1022

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 2 2 6

ONCOAS09

Name

POB 1022

Number Street

Wixom

City

MI

State

48393-1022

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 8 0 9

Mark E. Kleinkopf

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

OSF Healthcare System

Name

7978 Solution Center

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.42 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 7 4 0

Chicago

IL

60677-7009

City

State

ZIP Code

Professional Recovery Services, Inc.

Name

221 Laurel Road

Number Street

Two Echelon Ploaza, Ste. 160

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for - Chase

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Bank

Last 4 digits of account number 6 5 0 6

Voorhees

NJ

08043

City

State

ZIP Code

2nd Mtg - 624 Franklin Avenue, River Forest, IL

Southwest Credit Systems, L.P.

Name

4120 International Pkwy. Suite 1100

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Comcast/Diversified

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 9 8 4

Carrollton

TX

75007-1958

City

State

ZIP Code

Transworld Systems, Inc.

Name

POB 15618

Number Street

Dept. 938

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.55 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 0 1 4

Wilmington

DE

19850

City

State

ZIP Code

US Department of Education

Name

POB 105193

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 6 4 8

Atlanta

GA

30348-5193

City

State

ZIP Code

V.A.S.C. Anesthesia

Name

c/o Billing Services, LTD.

Number Street

2320 Dean St., Ste. 103

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 5 1 9

Saint Charles

IL

60175

City

State

ZIP Code

Mark E. Kleinkopf

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Valley Ambulatory Surgery Ctr.

Name

2210 Dean St.

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Saint Charles

IL

60175

City

State

ZIP Code

Last 4 digits of account number

Mark E. Kleinkopf

Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$0.00
	6b. Taxes and certain other debts you owe the government	6b. \$20,830.23
	6c. Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here	6d. + \$0.00
	6e. Total. Add lines 6a through 6d.	6d. \$20,830.23

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$25,037.81
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here	6i. + \$875,715.62
	6j. Total. Add lines 6f through 6i.	6j. \$900,753.43

Fill in this information to identify your case:

Debtor 1	Mark	E.	Kleinkopf
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)			
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule D: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease **State what the contract or lease is for**

2.1	SERC LLC	Residential rental located at 7S174 Wild Cherry
	<small>Name</small>	
	dba Hyperion Homes Chicago	Road, Naperville, IL 60540
	<small>Number Street</small>	
	2 N. Riverside Plaza, Ste. 1250	Contract to be ASSUMED
	Chicago	IL 60606
	<small>City</small>	<small>State ZIP Code</small>

Fill in this information to identify your case:

Debtor 1 **Mark E. Kleinkopf**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible.

If

two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
☐ No
☒ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 **Matthew Kleinkopf**
Name
7S174 Wild Cherry Rd.
Number Street
Naperville IL 60540
City State ZIP Code

☐ Schedule D, line _____
☒ Schedule E/F, line **4.25**
☐ Schedule G, line _____
Life Time Academy

3.2 **Vivian Kleinkopf**
Name
217 N. Taylor
Number Street
Oak Park IL 60302
City State ZIP Code

☐ Schedule D, line _____
☒ Schedule E/F, line **4.47**
☐ Schedule G, line _____
Schiller DuCanto & Fleck LLP

Fill in this information to identify your case:

Debtor 1	Mark	E.	Kleinkopf
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Consultant	
Employer's name	Provence Portfolio Mgmt.	
Employer's address	1107 Homer Ct.	
	Number Street	Number Street
	Naperville	IL 60540
	City State Zip Code	City State Zip Code

How long employed there? **3 months**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (Include all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$5,187.00	
3. Estimate and list monthly overtime pay.	+ \$0.00	
4. Calculate gross income Add line 2 + line 3.	\$5,187.00	

Mark E. Kleinkopf

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here → 4.	\$5,187.00		
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	\$787.00		
5b. Mandatory contributions for retirement plans	\$0.00		
5c. Voluntary contributions for retirement plans	\$0.00		
5d. Required repayments of retirement fund loans	\$0.00		
5e. Insurance	\$0.00		
5f. Domestic support obligations	\$0.00		
5g. Union dues	\$0.00		
5h. Other deductions. Specify: _____	\$0.00		
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$787.00		
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$4,400.00		
8. List all other income regularly received:			
8a. Net income from rental property and from operating a Attach a statement for each property and business showing gross receipts, ordinary and necessary business	\$0.00		
8b. Interest and dividends	\$0.00		
8c. Family support payments that you, a non-filing spouse, or a Include alimony, spousal support, child support, maintenance,	\$0.00		
8d. Unemployment compensation	\$0.00		
8e. Social Security	\$0.00		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Specify: _____	\$0.00		
8g. Pension or retirement income	\$0.00		
8h. Other monthly income. Specify: _____	\$0.00		
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$0.00		
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$4,400.00	+	= \$4,400.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Specify: _____			11. + \$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.			\$4,400.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain _____	None.		

Fill in this information to identify your case:

Debtor 1 **Mark** **E.** **Kleinkopf**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

☐ No

☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Son	19 yrs.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	17 yrs.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	14 yrs.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence.
Include first mortgage payments and any rent for the ground or lot.
If not included in line 4:

4. **\$2,480.00**

4a. Real estate taxes

4a. _____

4b. Property, homeowner's, or renter's insurance

4b. **\$24.00**

4c. Home maintenance, repair, and upkeep expenses

4c. _____

4d. Homeowner's association or condominium dues

4d. _____

Mark E. Kleinkopf

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence , as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$221.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$47.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$197.00</u>
6d. Other. Specify: <u>Garbage</u>	6d.	<u>\$21.00</u>
7. Food and housekeeping supplies	7.	<u>\$660.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$25.00</u>
10. Personal care products and services	10.	<u>\$25.00</u>
11. Medical and dental expenses (See continuation sheet(s) for details)	11.	<u>\$45.00</u>
12. Transportation Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$245.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$75.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 <u>Citizen's Finance 2005 Sub Outback</u>	17a.	<u>\$170.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: <u>Life Time Academy/Tuition</u>	17c.	<u>\$160.00</u>
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Mark E. Kleinkopf

Case number (if known)

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property 20a.

20b. Real estate taxes 20b.

20c. Property, homeowner's, or renter's insurance 20c.

20d. Maintenance, repair, and upkeep expenses	20d.
---	------

20e. Homeowner's association or condominium dues 20e.

21. Other. Specify: 21. †

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a.	\$4,395.00
------------------------------	------	-------------------

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. 22b.

22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$4,395.00
---	------	-------------------

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. **\$4,400.00**

23b. Copy your monthly expenses from line 22c above.	23b. –	\$4,395.00
--	--------	-------------------

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c.	<u> </u>	\$5.00
------	-----------------------------	---------------

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage

☒ No.☐ Yes

Explain here:
None.

Mark E. Kleinkopf

Case number (if known) _____

11. Medical and dental (details):

Health Care Co-Pays

\$15.00

\$30.00

Total:

\$45.00

Fill in this information to identify your case:

Debtor 1 **Mark E. Kleinkopf**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended

Part 1: Summarize Your Assets

Your assets
 Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B..... **\$0.00**

1b. Copy line 62, Total personal property, from Schedule A/B..... **\$27,632.64**

1c. Copy line 63, Total of all property on Schedule A/B..... **\$27,632.64**

Part 2: Summarize Your Liabilities

Your liabilities
 Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... **\$5,301.50**

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... **\$20,830.23**

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... **+ \$900,753.43**

Your total liabilities **\$926,885.16**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I..... **\$4,400.00**

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J..... **\$4,395.00**

Mark E. Kleinkopf

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income Copy your total current monthly income from Official Form 122A-1 Line 10 **OR**, Form 122B Line 1 **OR**, Form 122C-1 Line 14.

\$4,400.00

9. Copy the following special categories of claims from Part 4, line 8, to Schedule E/F:

Total claim

From Part 4 or Schedule E/F, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$20,830.23
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$25,037.81
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) +	\$0.00
9g. Total. Add lines 9a through 9f.	\$45,868.04

Fill in this information to identify your case:

Debtor 1	<u>Mark</u>	<u>E.</u>	<u>Kleinkopf</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	_____	_____	_____
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the	<u>NORTHERN DISTRICT OF ILLINOIS</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are

X /s/ Mark E. Kleinkopf
Mark E. Kleinkopf, Debtor 1

Date 01/09/2017
MM / DD / YYYY

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 **Mark** **E.** **Kleinkopf**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages,

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 lived there

Debtor 2:

Dates Debtor 2 lived there

☐ Same as Debtor 1

☐ Same as Debtor 1

624 Franklin

Number Street

From **9/2000**

To **8/2014**

Number Street

From _____

To _____

River Forest

City

IL

State

60305

ZIP Code

City

State

ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out Schedule H: Your Creditors (Official Form 106H).

Mark E. Kleinkopf

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
SERC LLC <small>Creditor's name</small> dba Hyperion Homes Chicago <small>Number Street</small> 2 N. Riverside Plaza, Ste. 1250 Chicago IL 60606 <small>City State ZIP Code</small>		\$2,480.00 per month.		<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other Residential Home Re
Life Time Academy <small>Creditor's name</small> 2145 Ford Parkway, Ste. 302 <small>Number Street</small>		\$957.57	\$5,760.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Saint Paul MN 55116 <small>City State ZIP Code</small>				<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Genesis Orthopedic <small>Creditor's name</small> <small>Number Street</small>		\$499.05	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Wheaton IL <small>City State ZIP Code</small>				<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

Mark E. Kleinkopf

Case number (if known)

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic

☒ No
☐ Yes. List all payments to an insider.

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody

☐ No
☒ Yes. Fill in the details.

Case title
In Re the Marriage of Karen
Kleinkopf and Mark Kleinkopf

Nature of the case
Judgment of Allocation of
Parental Responsibilities

Case number 13 D 5188

Court or agency

Status of the case

Court Name ☐ Pending
Number Street ☐ On appeal
☒ Concluded
City State ZIP Code

Case title
In Re the Marriage of Karen
Kleinkopf and Mark Kleinkopf

Nature of the case
Bifucated Judgment for Disolution

Case number 13 D 5188

Court or agency

Status of the case

Circuit Court of Cook County Illinois
Court Name ☐ Pending
Number Street ☐ On appeal
☒ Concluded
City State ZIP Code

Case title
In Re the Marriage of Karen
Kleinkopf and Mark Kleinkopf

Nature of the case
Supplemental Judgment for

Case number 13 D 5188

Court or agency

Status of the case

Court Name ☐ Pending
Number Street ☐ On appeal
☒ Concluded
City State ZIP Code

Mark E. Kleinkopf

Case number (if known)

Case title

The Bank of New York vs. Mark and Karen Kleinkopf

Nature of the case

Order Approving Report of Sale and Distribution, Confirming Sale, and Order for Possession (Foreclosure on real estate located at 624 Franklin Avenue,

Court or agency

Circuit Court of Cook County, Illinois

Status of the case

- ☐ Pending
☐ On appeal
☒ Concluded

Case number 12 CH 16477

Court Name

County Department

Number Street

Chancery Division

City

State

ZIP Code

Case title

In Re the Marriage of Karen Kleinkopf and Mark Kleinkopf

Nature of the case

Order for Termination of Maintenance in the amount of

Court or agency

Circuit Court of Cook County Illinois

Status of the case

- ☐ Pending
☐ On appeal
☒ Concluded

Case number 13 D 5188

Court Name

Number Street

City

State

ZIP Code

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

Bank of New York Mellon

Creditor's Name

Describe the property

624 Franklin Avenue, River Forest, IL 60305. 1st Mortgage.

Date

4/12/16

Value of the property

\$749,993.00

c/o Wirbicki Law Group

Number Street

22 W. Monroe, Ste. 1140

Explain what happened

- ☐ Property was repossessed.
☒ Property was foreclosed.
☐ Property was garnished.
☐ Property was attached, seized, or levied.

Chicago

City

IL

State

60603

ZIP Code

Describe the property

624 Franklin Avenue, River Forest, IL 60305. 2nd Mortgage.

Date

04/12/16

Value of the property

\$749,993.00

Chase

Creditor's Name

POB 183222

Number Street

Explain what happened

- ☒ Property was repossessed.
☐ Property was foreclosed.
☐ Property was garnished.
☐ Property was attached, seized, or levied.

Columbus

City

OH

State

43219

ZIP Code

Mark E. Kleinkopf

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No
☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of

☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600

☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire,

☒ No
☐ Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

☐ No
☒ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Schottler & Associates Person Who Was Paid			
7222 W. Cermak Rd., Ste. 701 Number Street		2016	\$2,194.00
North Riverside IL 60546 City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

Mark E. Kleinkopf

Case number (if known)

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property).

- ☐ No
☒ Yes. Fill in the details.

Central Credit Union of Illinois

Person Who Received Transfer

1001 Mannheim Rd.

Number Street

Description and value of any property transferred

2008 Toyota Sequoia 4D Sport
 Utility SR5

Describe any property or payments received or debts paid in exchange

Central Credit Union paid Mark
 Kleinkopf \$8,317.94

5/6/16

Bellwood

City

IL

State

60104

ZIP Code

Person's relationship to you **None.**

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage

- ☐ No
☒ Yes. Fill in the details.

	Last 4 digits of account	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
PNC Bank				
Name of Financial Institution	XXXX- 1 1 4 4	<input checked="" type="checkbox"/> Checking	11/2016	\$5.05
Number Street		<input type="checkbox"/> Savings		
		<input type="checkbox"/> Money market		
		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other		
City State ZIP Code				

Mark E. Kleinkopf

Case number (if known)

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental

☒ No
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and

☒ No
☐ Yes. Fill in the details.

Mark E. Kleinkopf

Case number (if known)

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include

- ☐ No
- ☐ Yes. Fill in the details below.

Mark E. Kleinkopf

Case number (if known)

Part 12: Sign Below

I have read the answers on this ~~Statement of Financial Affairs~~ and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years,

X /s/ Mark E. Kleinkopf
Mark E. Kleinkopf, Debtor 1

X _____
Signature of Debtor 2

Date 01/09/2017

Date _____

Did you attach additional pages to your ~~Statement of Financial Affairs for Individuals Filing for Bankruptcy~~ (Official Form 107)?

☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Mark	E.	Kleinkopf
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)			
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 3 of ~~Schedule D: Creditors Who Hold Claims Secured by Property~~ (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Citizens Finance	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: 2005 Suburu Outback AWD 4DR 6 Cyl.	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
 Creditor's name: Life Time Academy	 <input type="checkbox"/> Surrender the property.	 <input type="checkbox"/> No
Description of property securing debt:	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	

Mark E. Kleinkopf

Case number (if known)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you list in **Schedule G: Executory Contracts and Unexpired Leases** (Official Form 106G), fill in the information below. Do not list real estate leases. ~~Unexpired leases~~ are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name: **SERC LLC**

Description of leased property: Residential rental located at 7S174 Wild Cherry Road, Naperville, IL

☐ No
☒ Yes

Mark E. Kleinkopf

Case number (if known)

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Mark E. Kleinkopf

Mark E. Kleinkopf, Debtor 1

Date 01/09/2017
MM / DD / YYYY

X _____

Signature of Debtor 2

Date _____
MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- **You are an individual filing for bankruptcy,**
and
- **Your debts are primarily consumer debts.**
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
	\$15	trustee surcharge
+		
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
	\$550	administrative fee
+		
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 **days before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/ao/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re **Mark E. Kleinkopf**

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$2,194.00
Prior to the filing of this statement I have received.....	\$2,194.00
Balance Due.....	\$0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/09/2017

Date

/s/ Mark R. Schottler

Mark R. Schottler
Schottler & Associates
7222 W. Cermak
Suite 701
North Riverside, IL 60546

Bar No. 6238871

/s/ Mark E. Kleinkopf

Mark E. Kleinkopf

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Mark E. Kleinkopf**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/9/2017

Signature **/s/ Mark E. Kleinkopf**
Mark E. Kleinkopf

Date _____

Signature _____

A/R Concepts, Inc.
18-3 E. Dundee Rd., Ste. 330
Barrington, IL 60010

Accelerated Rehabilitation Centers
625 Enterprise Dr.
Oak Brook, IL 60523

Accelerated Rehabilitation Centers
2396 Momentum Place
Chicago, IL 60689-5323

American Credit Systems, Inc.
400 West Lake Street
Suite 111
POB 72849

American Express/Costco Credit Card
02-04-404315 S. 2700
Salt Lake City, UT 84184

ATG Credit, LLC
POB 14895
Chicago, IL 60614

B.W. Landscaping & Snow Removal
POB 350120
Elmwood Park, IL 60707

Bank of America Credit Card
POB 982234
El Paso, TX 79998

Bank of New York Mellon
fka Bank of New York
c/o Wirbicki Law Group
333 W. Monroe, Ste. 1140

Bryan Cave
161 N. Clark, Ste. 3400
Chicago, IL 60601

Capital One Bank USA, N.A.
POB 6492
Carol Stream, IL 60197-6492

Central DuPage Hospital
POB 4090
Carol Stream, IL 60197

Central Dupage Hosptial
POB 4090
Carol Stream, IL 60197-4090

Chase
POB 183222
Columbus, OH 43219

Chase/United Mileage Credit Card
POB 15298
Wilmington, DE 19850

Citibank/AA Mileage Credit Card
POB 6500
Sioux Falls, SD 57117

Citizens Finance
7941 W. 171st
Tinley Park, IL 60477

City of Naperville
POB 457
Wheeling, IL 60090-0457

Comcast Cable
POB 3002
Southeastern, PA 19398-3002

David R. Jordan, JD
The Law Office of David R. Jordan, JD
174 N. Taylor
Oak Park, IL 60302

Diversified Consultants, Inc.
POB 551268
Jacksonville, FL 32255

Drs. Burbick & Welindt, DDS., LTD
1515 N. Harlem Ave. #200
R.Tage Welindt, D.D.S.
Oak Park, IL 60302-1250

ED Financial Services
POB 36008
Knoxville, TN 37930

Edward Hospital
POB 4207
Carol Stream, IL 60197-4207

Edward Hospital & Health Services
801 South Washington
Naperville, IL 60540

Genesis Orthopedics & Sports Medicine
2900 Foxfield Road
Suite 102
Saint Charles, IL 60174-5799

Harry D. Saunders
831 W. Wesley Rd.
Atlanta, GA 30327

IL Pathologist Service LLC
POB 9846
Peoria, IL 61612

Illinois Department of Revenue
Springfield, IL 62726-0001

Internal Revenue Service
PO Box 21126
Philadelphia, PA 19114

Kenny & Kenny P.C.
1400 W. 47th St., Ste. 4
La Grange, IL 60525

Laboratory & Pathology Diagnostics, LLC
Dept. 4387
Carol Stream, IL 60122-4387

Laboratory Corp of America Holdings
POB 2240
Burlington, NC 27216

Life Time Academy
2145 Ford Parkway, Ste. 302
Saint Paul, MN 55116

Loyola University Medical Center
POB 3021
Milwaukee, WI 53201-3021

Marani Land Services, Inc.
POB 1040
Oak Park, IL 60304

Matthew Kleinkopf
7S174 Wild Cherry Rd.
Naperville, IL 60540

Medical Recovery Specialists, LLC
2250 E. Devon Ave., Ste. 352
Des Plaines, IL 60018-4521

Merchants Credit Guide Co.
Dept. #7505
POB 1259
Oaks, PA 19456

Mercy Housing, Inc.
1999 Broadway, Suite 1000
Denver, CO 80202

Naperville Radiologists S.C.
6910 S. Madison St.
Willowbrook, IL 60527-5504

Nationstar Mortgage, LLC
2501 State Hwy. 121
Lewisville, TX 75067

Nationwide Credit & Collection
c/o Evergreen Bank Group
POB 3219
Oak Brook, IL 60522-3219

Nationwide Credit Collection, Inc.
815 Commerce Dr., Ste. 270
Oak Brook, IL 60522

North Side Community FCU
1011 W. Lawrence Ave.
Chicago, IL 60640

ONCOAS09
POB 1022
Wixom, MI 48393-1022

OSF Healthcare System
7978 Solution Center
Chicago, IL 60677-7009

PCC Community Wellness
2010 N. Harlem Ave.
Elmwood Park, IL 60707

Permidt Engineering Limited
10224 Franklin Ave.
Franklin Park, IL 60131

PFF Emergency Services
POB 366
Hinsdale, IL 60522-0366

Professional Recovery Services, Inc.
221 Laurel Road
Two Echelon Ploaza, Ste. 160
Voorhees, NJ 08043

Provenance Portfolio Mngmt LLC
1107 Homer Ct.
Naperville, IL 60540

Radiology Consultants
1730 Park St., Ste. 101
Naperville, IL 60563

Reeg Plumbing
42 Park Avenue
River Forest, IL 60305

Resurrection Health Care
62314 Collection Center Dr.
Chicago, IL 60693

Richard Kaplone, JD
Rockefeller Bldg.
614 Superior Ave. NW, Ste. 808
Cleveland, OH 44113

Rockford Mercantile Agency, Inc.
POB 5847
Rockford, IL 61125-0847

Rosecrance, Inc.
POB 71662
Chicago, IL 60694-1662

Rush Oak Park Hospital
26099 Network Place
Chicago, IL 60673

Schiller DuCanto & Fleck LLP
200 N. LaSalle St., 30th Floor
Chicago, IL 60601

SERC LLC
dba Hyperion Homes Chicago
2 N. Riverside Plaza, Ste. 1250
Chicago, IL 60606

Southwest Credit Systems, L.P.
4120 International Pkwy. Suite 1100
Carrollton, TX 75007-1958

State Collection Service, Inc.
2509 S. Stoughton Rd.
Madison, WI 53716

Stenzel Clinical Services LTD
1616 E. Roosevelt Rd., Ste. 8
Wheaton, IL 60187

Synergetic Communication, Inc.
2700 East Seltice Way, Ste. 4
Post Falls, ID 83854-6387

The Bank of New York Mellon
c/o Nationstar Mortgage LLC
2501 State Hwy. 121
Lewisville, TX 75067

Tim Hague
555 Keystone Ave.
River Forest, IL 60305

Tom Benno, JD
The Law Office of Tom Benno, JD
120 S. Harvey
Oak Park, IL 60304

Transworld Systems, Inc.
507 Prudential Road
Horsham, PA 19044

Transworld Systems, Inc.
POB 15618
Dept. 938
Wilmington, DE 19850

United Collection Bureau, Inc.
5620 Southwyck Blvd. Ste. 206
Toledo, OH 43614

University Pathologists
5620 Southwyck Blvd.
Toledo, OH 43614

US Department of Education
POB 105193
Atlanta, GA 30348-5193

V.A.S.C. Anesthesia
c/o Billing Services, LTD.
2320 Dean St., Ste. 103
Saint Charles, IL 60175

Valley Ambulatory Surgery Ctr.
2210 Dean St.
Saint Charles, IL 60175

Van Dyke Pasinski DDS
127 Aurora Ave.
Naperville, IL 60540-6503

Village of Melrose Park
1000 N. 25th Ave.
Melrose Park, IL 60160

Village of Oak Park
Parking Services Division
123 Madison St.,
Oak Park, IL 60302

Village of River Forest Fire Dept.
Ambulance
POB 88850
Carol Stream, IL 60188

Vivian Kleinkopf
217 N. Taylor
Oak Park, IL 60302

Wilber & Associates, P.C.
201 Landmark Dr.
Normal, IL 61761-2194

Winfield Lab Consultants, SC
Dept. 4408
Carol Stream, IL 60122